## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number (0629511.

٠.		. (	SMALL ENTITY			OTHER THAN						
			(Column 1)		(Colun	(Column 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE
FOR NUMBER			NUMBER F	ILED	NUMBE	R EXTRA	•	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS 37			77 min	inus 20= * /				X\$ 9=	153	OR	X\$18=	
L 7				nus 3 =	s 3 =  *			X42=	(FV	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							/	+140=	0	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							,	TOTAL	550	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALLE	NTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	HIGHEST NUMBER PRESENT PREVIOUSLY PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	* 3 *	57	<i>-</i> 0		X\$ 9=		OR	X\$18=	N.
	Independent	NTATION OF ML	Minus	***				X42=	X	OR	X84=	
<b>I</b>	THOTTHESE	NATION OF MC	ACTION OF THE	LIVOLIVI	OCAM		•	+140=		OR	+280=	
			٠.	•	,		1	TOTAK ADDIT, FEE		$\delta_{R}$	TOTAL	
S.A.	• .	٠.	ADDITION OF			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	• •	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus .	***		#		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. <u> </u>			
	· <b>-</b>	•						+140=		OR	+280=	
				•				TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							e i je				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=		X42=		OR	X84=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pai					er fo	und in the app	propriate box	x in co	lumn 1.	• •